

Practitioner's Docket No. 1012-122C5

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Leonid Matsiev

Application No.: 10/686,444

Group No.: 2856

Filed: 10/15/2003

Examiner: Miller, Rose M.

For: METHOD AND APPARATUS FOR CHARACTERIZING MATERIALS BY USING A MECHANICAL RESONATOR

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

G with sufficient postage as first class mail.

37 C.F.R. § 1.10*

G as "Express Mail Post Office to Addressee"

Mailing Label No. EV573179745US (mandatory)

TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703) _____

Date: 12-14-04

Wendy Morgan
Signature

Wendy Morgan
(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Fee: \$1,020.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | | | | |
|---|---|---------------------------------------|------------------|---------------------------|----|--------|---|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | | ADDIT. FEE |
| TOTAL | 40 | - 20 | = 20 | x | \$ | 50.00 | = | \$ 1,000.00 |
| INDEP. | 4 | - 3 | = 1 | x | \$ | 200.00 | = | \$ 200.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$ | 0.00 | = | \$ 0.00 |
| TOTAL | | | | | | | | |
| ADDIT. FEE | | | | | | | | \$ 1,200.00 |

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,020.00 for the three-month extension fee and \$1,200.00 for additional claim fee for a total of \$2,220.00 to Deposit Account No. 50-0496.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.


A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-0496.

If an additional fee for claims is required, charge Account No. 50-0496.

Date: 12/14/04



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